

California Resident Income Tax Return 2007**540A** C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
If joint return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
Address (including number and street, PO Box, or PMB no.)			Apt. no/Ste. no.	
City (if you have a foreign address, see page 9)		State	ZIP Code	
Prior Name If you filed your 2006 tax return under a different last name, write the last name only from the 2006 return. ● Taxpayer _____ ● Spouse/RDP _____				

Filing Status	1 <input type="radio"/> Single	4 <input type="radio"/> Head of household (with qualifying person). (see page 3)
	2 <input type="radio"/> Married/RDP filing jointly. (see page 3)	5 <input type="radio"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____.
	3 <input type="radio"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____	
If your California filing status is different from your federal filing status, fill in the circle here. ● <input type="radio"/>		
6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle here (see page 9). ● <input type="radio"/> 6 <input type="radio"/>		

Exemptions	► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only	
	7 Personal: If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, do not enter an amount on line 7 7 <input type="checkbox"/> X \$94 = \$ _____	
	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 <input type="checkbox"/> X \$94 = \$ _____	
	9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 9 <input type="checkbox"/> X \$94 = \$ _____	
	10 Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP. _____ _____ Total dependent exemptions. ● 10 <input type="checkbox"/> X \$294= \$ _____	
11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 21 11 \$ _____		

Taxable Income and California Income Adjustments	12 State wages from your Form(s) W-2, box 16 or CA Sch W-2, line C ● 12 _____	00
	13 Enter federal adjusted gross income from your Forms 1040, line 37; 1040A, line 21; 1040EZ, line 4 13 _____	00
	14 California Income Adjustments. See pages 10 and 11 for line 14a through line 14f.	

	a State income tax refund	14a	00	
	b Unemployment compensation	14b	00	
	c U.S. social security or railroad retirement	14c	00	
	d California non-taxable interest or dividend income	14d	00	
	e California IRA distributions	14e	00	
	f Non-taxable pensions and annuities. See page 11	14f	00	
	g Total California income adjustments. Add line 14a through line 14f ● 14g		00	

Tax and Credits	17 Subtract line 14g from line 13. This is your California adjusted gross income. ● 17 _____	00
	18 Enter the larger of: <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> Your California itemized deductions or standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$3,516 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$7,032 If the circle on line 6 is filled in, STOP. (see page 11) </div> </div>	
 ● 18 _____	

19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- 19 _____	00
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20 Tax. See Tax Table. 20 _____	00	
21 Exemption credits. Enter the amount from line 11. If line 13 is more than \$155,416, see page 13 21 _____		00
28 Nonrefundable renter's credit. (see page 14) ● 28 _____		00
29 Total credits. Add line 21 and line 28 29 _____		00
30 Subtract line 29 from line 20 30 _____		00
32 Mental Health Services Tax. (see page 15) ● 32 _____		00
34 Add line 30 and line 32. This is your total tax. If less than zero, enter -0- ● 34 _____		00

Your name: _____ Your SSN or ITIN: _____

35 Enter the amount from Side 1, line 34 35 00
36 California income tax withheld. (see page 15) 36 00
37 2007 California estimated tax and payment with
form FTB 3519 and amount applied from 2006 return 37 00
39 Excess SDI. To see if you qualify, (see page 15). 39 00

Overpaid Tax/Tax Due

Child and Dependent Care Expenses Credit. (see page 16.)
Attach form FTB 3506.

40 00

41 00

42 00

43 00

44 Total payments and credits. Add line 36, line 37, line 39, and line 43 44 00

45 Overpaid tax. If line 44 is more than line 35, subtract line 35 from line 44 45 00

46 Enter the amount of line 45 you want applied to your **2008** estimated tax 46 00

47 Overpaid tax available this year. Subtract line 46 from line 45 47 00

48 Tax due. If line 44 is less than line 35, subtract line 44 from line 35. (see page 16). 48 00

Use Tax

49 Use Tax. **This is not a total line.** (see page 16) 49 00

Contributions

CA Seniors Special Fund (see page 60) 50 00
Alzheimer's Disease/Related Disorders Fund 51 00
CA Fund for Senior Citizens 52 00
Rare and Endangered Species Preservation Program 53 00
State Children's Trust Fund for the Prevention of Child Abuse 54 00
CA Breast Cancer Research Fund 55 00

CA Firefighters' Memorial Fund 56 00
Emergency Food Assistance Program Fund 57 00
CA Peace Officer Memorial Foundation Fund 58 00
CA Military Family Relief Fund 59 00
CA Sea Otter Fund 60 00

61 Add line 50 through line 60. These are your total contributions. 61 00

Amount You Owe

62 **AMOUNT YOU OWE.** Add line 48, line 49, and line 61 (see page 17). **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** 62 00

Pay Online – Go to our Website at www.ftb.ca.gov and search for **Web Pay**.

64 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle. 64 00

66 **REFUND or NO AMOUNT DUE.** Subtract line 49 and line 61 from line 47 (see page 18).

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** 66 00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip (see page 19).
Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 66) is authorized for direct deposit into the account shown below:

☐ Checking 00
☐ Savings 00
● Routing number ● Type ● Account number ● 67 Direct deposit amount

The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:

☐ Checking 00
☐ Savings 00
● Routing number ● Type ● Account number ● 68 Direct deposit amount

Sign Here

It is unlawful to
forge a
spouse's/RDP's
signature.

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Spouse's/RDP's signature (if filing jointly, both must sign)

Daytime phone number (optional)

()

Joint return?
(see page 19).

X

X

Date

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Paid preparer's SSN/PTIN

Firm's name (or yours, if self-employed)

Firm's address

FEIN